

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO. **10/048141** FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	1		1			
3	1		1			
4	3		1			
5	①		1			
6	①		1			
7			1			
8						
9						
10		1				
11		1				
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			9			
TOTAL CLAIMS		11				

*	*	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
64					
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95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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